

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 010 ***150.00

DOCUMENT # **K86619**

1. Corporation Name
INTERNATIONAL ENTERPRISES GROUP, INC.

Principal Place of Business
C/O ROTH & SCHOLL
1500 SAN REMO AVE., #176
CORAL GABLES FL 33146
US

Mailing Address
C/O ROTH & SCHOLL
1500 SAN REMO AVE., #176
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1989

2. Principal Place of Business

2a. Mailing Address

1. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

3. City & State

2c. City & State

4. Zip Country

2d. Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible
Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, JEFFREY C.
ROTH & SCHOLL
1500 SAN REMO AVE., SUITE 176
CORAL GABLES FL 33146

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
PST
ROMEO, PAULA
STREET ADDRESS
9100 S DADELAND BLVD., #402
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
P
ROMEO, TONY
1.3 STREET ADDRESS
9100 S. DADELAND BLVD. #1250
1.4 CITY-ST-ZIP
MIAMI, FL 33150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
ROMEO, PAULA
2.3 STREET ADDRESS
9100 S. DADELAND BLVD. #1250
2.4 CITY-ST-ZIP
MIAMI, FL 33150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY ROMEO, PRESIDENT

4/21/99 (305) 670-0852

Date

Daytime Phone #

CR2E034 (11/98)